

# Nebraska Behavioral Health Managed Care Program (NBHMCP) Provider Billing Service Codes and Modifiers Grid

NBHMCP providers please refer to your Exhibit B-1 for contracted higher levels of care, Medicaid Outpatient Services and Adult Substance Use Services reimbursement schedules. Please also refer to the provider billing service codes and modifiers grid below:

NBHMCP B-1 Service	Level of Care	HCPCS Codes/Modifiers	Unit
<b>Inpatient/Hospitalization</b>			
Inpatient/Hospitalization	Psychiatric Related Disorder Treatment Program	Use Revenue Codes	
Inpatient/Hospitalization	Medically Monitored Detox (III.7-D)	H0010	Per Day
Inpatient/Hospitalization	23 Hr Observation Bed, Psychiatric	S9484	Per Hour (Hours 1-8, 9-16, and 17-23:59)
<b>Residential Treatment Services</b>			
Residential Treatment Services	Psychiatric Residential Treatment Facility (Hospital-Based)	H2013	Per Diem
Residential Treatment Services	PRTF Therapeutic Leave Day (Home)	H2013 UA	Per Diem
Residential Treatment Services	PRTF Therapeutic Leave Day (Inpatient Crisis-Psych)	H2013 UB	Per Diem
Residential Treatment Services	PRTF Therapeutic Leave Day (Inpatient Crisis-Med/Surg)	H2013 UC	Per Diem
Residential Treatment Services	Psychiatric Residential Treatment Facility (Cmnty-Based Non-Specialty)	T2048	Per Diem
Residential Treatment Services	PRTF Cmnty-Based Therapeutic Leave Day (Home)	T2048 UA	Per Diem
Residential Treatment Services	PRTF Cmnty-Based Therapeutic Leave Day (Inpatient Crisis-Psych)	T2048 UB	Per Diem
Residential Treatment Services	PRTF Cmnty Based Therapeutic Leave Day (Inpt-Med/Surg)	T2048 UC	Per Diem
Residential Treatment Services	Psychiatric Residential Treatment Facility (Specialty)	T2033	Per Diem

<b>NBHMCP B-1 Service</b>	<b>Level of Care</b>	<b>HCPCS Codes/Modifiers</b>	<b>Unit</b>
Residential Treatment Services	PRTF Specialty Therapeutic Leave Day (Home)	T2033 UA	Per Diem
Residential Treatment Services	PRTF Specialty Therapeutic Leave Day (Inpatient Psych)	T2033 UB	Per Diem
Residential Treatment Services	PRTF Specialty Therapeutic Leave Day (Inpatient Med/Surg)	T2033 UC	Per Diem
Residential Treatment Services	Hospital/Facility Based Sub-Acute Care, Psychiatric	0192	Per Diem
Residential Treatment Services	Therapeutic Cmnty Dual Diagnosis Capable (III.3)	H0019 TT	Per Day
Residential Treatment Services	Intermediate Dual Diagnosis Capable (III.3)	H0019	Per Day
Residential Treatment Services	Short Term Dual Diagnosis Capable (III.5)	H0018 HF	Per Day
Residential Treatment Services	Dual Diagnosis Enhanced (III.5)	H0018 HH	Per Day
Residential Treatment Services	Psychiatric Residential Rehabilitation	H2018 TG	Per Day
Residential Treatment Services	Secure Psych Residential Rehabilitation	H2018 HK	Per Day
Residential Treatment Services	Therapeutic Group Home (ThGH) - Direct Care Staff Services	H2020	Per Diem
Residential Treatment Services	ThGH-Therapy Services - see fee schedule	fee schedule (CPT codes with U6)	
Residential Treatment Services	ThGH Therapeutic Leave Day (Home)	H2020 UA	Per Diem
Residential Treatment Services	ThGH Therapeutic Leave Day (Inpt-Psych)	H2020 UB	Per Diem
Residential Treatment Services	ThGH Therapeutic Leave Day (Inpt-Med/Surg)	H2020 UC	Per Diem
Residential Treatment Services	Professional Resource Family Care (PRFC) - Direct Care Staff Services	T1027	Per Diem
Residential Treatment Services	PRFC- Therapy Services - see fee schedule	fee schedule (CPT codes with U2)	
Residential Treatment Services	PRFC Therapeutic Leave Day (Home)	T1027 UA	Per Diem
Residential Treatment Services	PRFC Therapeutic Leave Day (Inpatient Psychiatric)	T1027 UB	Per Diem
Residential Treatment Services	PRFC Therapeutic Leave Day (Inpatient Med/Surg)	T1027 UC	Per Diem
<b>Supervised Living</b>			
Supervised Living	Community Residential Crisis Beds	S9485	Per Diem
Supervised Living	Halfway House Dual Diagnosis Capable (III.1)	H2034	Per Day
Supervised Living	Clinically Managed Social Detoxification (III.2-D)	H0012	Per Day
<b>Partial Hospitalization</b>			
Partial Hospitalization	Psychiatric - 6 hr minimum (Full Day)	H2012	Per Hour
Partial Hospitalization	Psychiatric - 3-6 hours (Half Day)	H2012 52	Per Hour
Partial Hospitalization	Partial Care Dual Diagnosis Capable (II.5)	H0035	Per Day
<b>Intensive Outpatient</b>			
Intensive Outpatient	IOP Psychiatric Related Disorder Treatment Program - minimum 3 hrs (Adults 21 and older)	S9480	Per Diem
Intensive Outpatient	Facility Based, Children (20 and younger) - Direct Care Staff Services	H2014	Per 15 Minutes
Intensive Outpatient	Facility Based, Children (20 and younger) - Therapy Services - see fee schedule	fee schedule (CPT codes with U4)	

<b>NBHMCP B-1 Service</b>	<b>Level of Care</b>	<b>HCPCS Codes/Modifiers</b>	<b>Unit</b>
Intensive Outpatient	Home Based, Children (20 and younger) - Direct Care Staff Services	H2014	Per 15 Minutes
Intensive Outpatient	Home Based, Children (20 and younger) - Therapy Services - see fee schedule	fee schedule (CPT codes with U5)	
Intensive Outpatient	IOP Substance Abuse Related Disorders (II.1)	H0015	Per Hour
Intensive Outpatient	IOP Dual Diagnosis Capable (II.1)	H0015	Per Hour
Intensive Outpatient	Day Treatment, Children (20 and under) - Direct Care Staff Services	H2027	Per 15 Minutes
Intensive Outpatient	Day Treatment, Children (20 and under) - Therapy Services - see fee schedule	fee schedule (CPT codes with U3)	
Intensive Outpatient	Day Treatment - minimum 3 hrs (Adults)	H2012 52	Per Hour
<b>Outpatient Treatment</b>			
Outpatient Treatment	Traditional Outpatient Services - see fee schedule	fee schedule	
Outpatient Treatment	Adult Substance Use Services - see fee schedule	fee schedule	
Outpatient Treatment	Electroconvulsive Therapy (ECT)	90870	Per Session
Outpatient Treatment	In Home Nursing Services	S9123	Per Hour
Outpatient Treatment	CCAA Comprehensive Child & Adolescent Assessment	H2000	
Outpatient Treatment	CCAA Comprehensive Child & Adolescent Assessment - Room & Board	H2000 U1	
Outpatient Treatment	CCAA Addendum	H2000 52	
Outpatient Treatment	Assertive Community Treatment	H0040	Per Day
Outpatient Treatment	Alternative Assertive Community Treatment	H0040 52	Per Day
Outpatient Treatment	Ambulatory Detox with On-Site Monitoring (II-D)	H0014	Per Day
<b>Community Support</b>			
Community Support	Community Support, Psychiatric	H2015 HE	Per 15 Minutes
Community Support	Community Support, Substance Abuse	H2015 HF	Per 15 Minutes
Community Support	Community Treatment Aid	H0036	Per 15 Minutes
Community Support	Half-day Day Rehab	H2017	Per 15 Minutes
Community Support	Full-day Day Rehab	H2018	Per Day